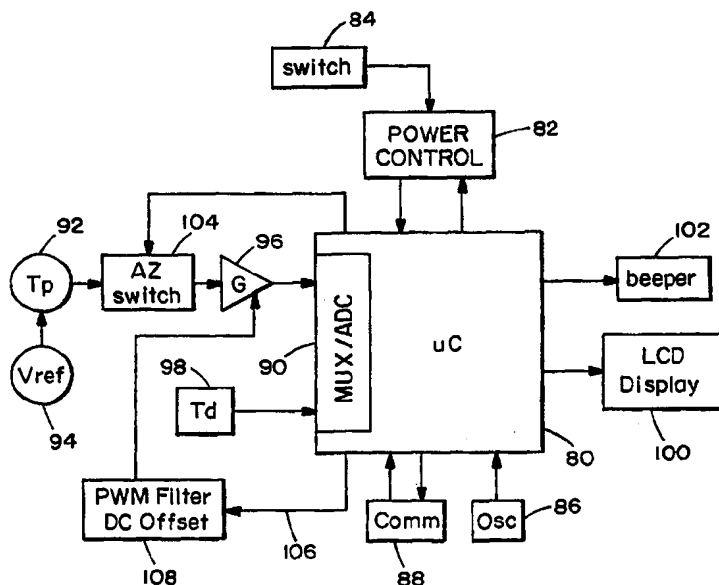




INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification ⁶ : G01K 13/00	A1	(11) International Publication Number: WO 98/59227 (43) International Publication Date: 30 December 1998 (30.12.98)
(21) International Application Number: PCT/US98/12423 (22) International Filing Date: 15 June 1998 (15.06.98) (30) Priority Data: 08/881,891 24 June 1997 (24.06.97) US (71) Applicant: EXERGEN CORPORATION [US/US]; 51 Water Street, Watertown, MA 02172 (US). (72) Inventor: POMPEI, Francesco; 85 East India Row #6B, Boston, MA 02110 (US). (74) Agents: SMITH, James, M. et al.; Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, MA 02173 (US).		(81) Designated States: CA, DE, GB, JP, European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE). Published With international search report.

(54) Title: AMBIENT AND PERFUSION NORMALIZED TEMPERATURE DETECTOR



(57) Abstract

A body temperature detector is particularly suited to axillary temperature measurements of adults. The radiation sensor views a target surface area of the body and electronics compute an internal temperature of the body as a function of ambient temperature and sensed surface temperature. The function includes a weighted difference of surface temperature and ambient temperature, the weighting being varied with target temperature to account for varying perfusion rate. Preferably, the coefficient varies from a normal of about .13 through a range to include .09. The ambient temperature used in the function is assumed at about 80 °F but modified with detector temperature weighted by 20 %.

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav	TM	Turkmenistan
BF	Burkina Faso	GR	Greece		Republic of Macedonia	TR	Turkey
BG	Bulgaria	HU	Hungary	ML	Mali	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MN	Mongolia	UA	Ukraine
BR	Brazil	IL	Israel	MR	Mauritania	UG	Uganda
BY	Belarus	IS	Iceland	MW	Malawi	US	United States of America
CA	Canada	IT	Italy	MX	Mexico	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NE	Niger	VN	Viet Nam
CG	Congo	KE	Kenya	NL	Netherlands	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NO	Norway	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's	NZ	New Zealand		
CM	Cameroon		Republic of Korea	PL	Poland		
CN	China	KR	Republic of Korea	PT	Portugal		
CU	Cuba	KZ	Kazakstan	RO	Romania		
CZ	Czech Republic	LC	Saint Lucia	RU	Russian Federation		
DE	Germany	LI	Liechtenstein	SD	Sudan		
DK	Denmark	LK	Sri Lanka	SE	Sweden		
EE	Estonia	LR	Liberia	SG	Singapore		

AMBIENT AND PERFUSION NORMALIZED TEMPERATURE DETECTOR

BACKGROUND OF THE INVENTION

In recent years, infrared thermometers have come into wide use for detection of temperature of adults. For core temperature readings, infrared thermometers which are adapted to be inserted into the patient's ear have been extremely successful. Early infrared thermometers were adapted to extend into the ear canal in order to view the tympanic membrane and provide an uncorrected, direct reading of tympanic temperature which correlates with pulmonary artery temperature. More recently, however, to provide for greater comfort and ease of use, ear thermometers have been designed to provide corrected readings of the generally cooler distal ear canal. Such thermometers measure temperature of distal ear canal tissue and calculate arterial temperature via heat balance.

The arterial heat balance approach is based on a model of heat flow through series thermal resistances from the arterial core temperature to the ear skin temperature and from the ear skin temperature to ambient temperature. Accordingly, after sensing both the skin temperature and ambient temperature, the arterial core temperature can be calculated. The thermal resistance model also allows for computation of equivalent oral and rectal temperatures with the mere adjustment of a weighting factor in the computation.

Infrared ear thermometry has not found such high acceptance for use with neonates. Neonates have a very high moisture level in their ear canals, due to the presence of vernix and residual amniotic fluid, resulting in low ear temperatures because of the associative evaporative cooling. In addition, environmental uncertainties, such as radiant heaters and warming pads can significantly influence the air temperature. Further, clinicians are less inclined to position the tip of an infrared thermometer in the ear of a small neonate.

Infrared thermometers designed for axillary temperature measurements are presented in U.S. Patent Applications Serial Nos. 08/469,484 and 08/738,300 which are incorporated herein by reference in their entirety. In each of those devices, an infrared detector probe extends from a temperature display housing and may easily slide into the axilla to lightly touch the apex of the axilla and provide an accurate infrared temperature reading in as little as one-half second. The axillary thermometer also relies on the arterial heat balance approach to provide arterial, oral or rectal temperature.

-2-

The axillary infrared thermometer has found great utility not only with neonates but as a screening tool in general, and especially for small children where conventional temperature measurements such as a thermometer under the tongue or a rectal thermometer are difficult.

5 SUMMARY OF THE INVENTION

Unfortunately, the accuracy and repeatability of axillary infrared thermometry with neonates has not extended to older patients. The present invention relates to improvements to the axillary infrared thermometer based on clinical research to improve the device for older patients.

10 In neonates perfusion is high, and in both the ear of adults and the axilla of neonates, perfusion rates are relatively constant since vasomotor functions are minimal. However, with older patients perfusion rates in the axilla are more variable.

15 In ear and neonate axillary thermometry, the difference between skin temperature and ambient temperature has been weighted by a coefficient approximating h/pc , where h is an empirically determined coefficient which includes a radiation view factor between the skin tissue and ambient, p is perfusion rate and c is blood specific heat. In ear and neonate axillary thermometry, that coefficient was found empirically to be about .09 and .05, respectively, with only minor variations.
20 However, with greater exposure for heat transfer and higher vasomotor functions, that coefficient has been determined empirically for the adult axillary region to be about .13 with much more significant variations.

Further, it has been determined that perfusion rate varies according to the patient's temperature. Under febrile (fever) conditions, metabolic demand increases
25 and oxygen consumption increases at a rate greater than that required to sustain a temperature, thereby requiring an increase in perfusion and thus reducing the required weighting coefficient. Under normal, afebrile conditions, normal thermal regulation varies skin temperature over a wider range for skin temperature variation of several degrees with core temperature variation of only a few tenths of a degree.

30 As in prior ear and axillary thermometers, internal core temperature can be computed from the function

$$T_c = (1 + (h/pc)) (T_s - T_a) + T_a \quad (1)$$

where T_s and T_a are the skin and ambient temperatures. The function can be seen to

-3-

include a weighted difference of surface temperature and ambient temperature with a weighting coefficient h/pc .

In accordance with the present invention, a body (i.e., human or animal) temperature detector comprises a radiation sensor which views a target surface area of the body. Electronics in the detector compute an internal temperature of the body as a function of ambient temperature and sensed surface temperature. In accordance with one aspect of the invention, the function includes a weighted difference of surface temperature and ambient temperature, the weighting being varied with target temperature. In particular, the weighting is an approximation of h/pc where h is a heat transfer coefficient between the target surface and ambient, p is perfusion rate and c is blood specific heat.

In a preferred embodiment, the normal approximation of h/pc is about .13 for afebrile (nonfever) conditions, and it varies over a range of at least .09 to .13. Preferably, the approximation of h/pc varies over a range of at least 20% of normal, and the variation with sensed surface temperature is at least $.01/^{\circ}\text{F}$. Preferably, the change of h/pc is about $-.02/^{\circ}\text{F}$ at about normal axillary temperature of 97°F .

The preferred approximation of h/pc is an expression that approximates the idealized straight line segments representing normal and febrile conditions combined to form a curve with a smooth transition from one physiological regime to the other. The expression may be an exponential, two straight line segments, a single straight line segment or, preferably, a polynomial.

The arterial heat balance approach is based on a steady state model, and the ambient temperature T_a used in the arterial heat balance function has been taken as the sensed detector temperature. However, thermal equalization of a temperature detector with its measurement environment may take many seconds, so the detector may in fact be cooler or warmer than the ambient environment to which the target skin had been exposed prior to the measurement. Though the detector obtains an accurate skin temperature reading with reference to detector temperature, the detector temperature may not serve as an accurate indication of the steady state ambient temperature which led to that skin temperature.

It has been determined empirically that a more appropriate ambient temperature to be used in the heat balance computation is an assumed temperature of about 80°F . That assumed temperature can be improved by giving some weight to the sensed detector temperature, though significantly less than the 100% weight given in prior heat balance calculations.

Accordingly, in accordance with another aspect of the invention, where the electronics compute an internal temperature of the body as a function of ambient

-4-

temperature and sensed surface temperature, the ambient temperature within the function is an assumed ambient temperature, the preferred being about 80°F. Preferably, the assumed ambient temperature is modified as a function of sensed detector temperature, a change in assumed ambient temperature relative to change in
5 detector temperature being significantly less than 1. Preferably, that change in assumed ambient temperature relative to change in sensed detector temperature is less than .5, and most preferably it is about .2. Alternatively, the assumed ambient temperature may be fixed, again preferably at 80°F.

BRIEF DESCRIPTION OF THE DRAWINGS

10 The foregoing and other objects, features and advantages of the invention will be apparent from the following more particular description of preferred embodiments of the invention, as illustrated in the accompanying drawings in which like reference characters refer to the same parts throughout the different views. The drawings are not necessarily to scale, emphasis instead being placed upon
15 illustrating the principles of the invention.

Figure 1 illustrates an axillary infrared thermometer embodying the present invention.

Figure 2 is an electrical block diagram of the electronics of the thermometer of Figure 1.

20 Figure 3 illustrates the arterial heat balance model.

Figure 4 illustrates change in skin temperature relative to ambient and core temperatures with change in perfusion rate.

Figure 5 illustrates the change in weighting coefficient h/pc with change in skin temperature.

25 DETAILED DESCRIPTION OF THE INVENTION

Figure 1 illustrates a radiation detector adapted for axillary temperature measurement. As disclosed in greater detail in U.S. Patent Application Serial No. 08/738,300 a radiation detector views a target surface through a window 22. The radiation detector is preferably a thermopile for rapid response, but other radiation
30 detectors may also be used. The detector is adapted to be held by the handle portion 24 with the sensor end inserted into the axilla. Once in position, the button 26 is pressed to begin a measurement. Electronics within the housing then compute sensed skin temperature, and using arterial heat balance equations, compute an internal core temperature for display on the display 28. In typical home
35 applications, the core temperature is displayed as the equivalent oral temperature.

-5-

Details of the electronics can be found in prior application Serial No. 08/738,300, incorporated herein by reference in its entirety.

An electrical block diagram for the radiation detector is presented in Figure 2. A microprocessor 80 is at the heart of the circuit. A power control circuit 82
 5 responds to activation of the button switch 84 by the user to apply power to the microprocessor and other elements of the circuit. That power is maintained until the microprocessor completes the measurement cycle and signals the power control 82 to power down. The microprocessor is clocked by an oscillator circuit 86 and may communicate with an external source for programming and calibration through
 10 communication conductors 88. The temperature determined by the microprocessor is displayed on the liquid crystal display 100, and completion of the temperature processing is indicated by a beeper 102. During the measurement process, the microprocessor takes readings through a multiplexer/analog-to-digital converter 90. The preferred microprocessor 80 is a PIC16C74 which includes an internal 8-bit A-
 15 D converter. To minimize expense, the circuit is designed to rely solely on that A-D converter.

Thermopile 92 provides a voltage output signal equal to the fourth power difference between target temperature and the temperature of the thermopile cold junction, offset by voltage reference 94. The voltage output from the thermopile is
 20 amplified by an amplifier 96, having a gain in the order of 1000, which also provides an offset determined by a pulse width modulated filter 108 controlled by the microprocessor. Through operation of the multiplexer, the microprocessor provides an analog-to-digital conversion of the amplified sensor output and of the detector temperature T_d provided by temperature sensor 98. The temperature sensor 98 is
 25 positioned to sense the substantially uniform temperature of the thermopile cold junction, can and heat sink. An auto zero switch 104 is included to allow for isolation of the amplifier 96 from the thermopile 92 during a calibration sequence as discussed in prior application Serial No. 08/738,300.

It is well known that the output of the thermopile is proportional to
 30 $(T_s^4 - T_d^4)$ where T_s is the target skin temperature viewed by the radiation detector and T_d is the temperature of the detector measured by sensor 98. From that relationship, T_s can be computed. It is also known that, based on the determined skin temperature and the ambient temperature to which the skin is exposed, an internal core temperature can be computed using the arterial heat balance approach
 35 illustrated in Figure 3. Heat flux q from the internal core temperature T_c passes through the skin 30 to the ambient environment at temperature T_a . The skin is thus held at some intermediate temperature T_s .

-6-

The heat loss of skin, such as the external ear canal or axilla, to the environment can be calculated with the following well-known equation:

$$q = hA (T_s - T_a) \quad (2)$$

where q is heat flow, A is surface area, T_s and T_a the skin and ambient temperatures, respectively, and h is an empirically determined coefficient which includes a
 5 radiation view factor between the skin tissue and ambient. The equation takes the linear form for simplicity. Although the exact form of the equation is fourth-power due to the radiation exchange, the linearized form provides excellent accuracy over the range of interest of about 90° to 105°F.

Heat flow from the core arterial source to the skin is via blood circulation,
 10 which is many times more effective than tissue conduction. Thermal transport via the circulation can be described with the following equation:

$$q = wc (T_c - T_s) \quad (3)$$

where q again is heat flow, w is blood mass flow rate, c is blood specific heat, and T_c and T_s are core and skin temperatures, respectively.

Accordingly, the skin can be viewed thermally as tissue being warmed by its
 15 blood supply as governed by equation 3, balanced by radiating heat to ambient as governed by equation 2.

Equating:

$$hA (T_e - T_a) = wc (T_c - T_e) \quad (4)$$

Simplifying by dividing by surface area A:

$$h (T_e - T_a) = pc (T_c - T_e) \quad (5)$$

where p is blood flow per unit area, also termed perfusion rate.

20 Equation 5 then provides a method to calculate core temperature T_c when skin temperature T_s and ambient temperature T_a are known, and the coefficients (or their ratio) have been empirically determined.

Solving for T_c :

$$T_c = (h/pc) (T_s - T_a) + T_s \quad (6)$$

where h/pc, the weighting coefficient which weights the difference of surface
 25 temperature and ambient temperature, is empirically determined on a statistical basis over a range of patients and clinical situations.

-7-

An alternative method of calculating is to employ an electrical analog technique, since equations 2 and 3 have the identical form of a simple voltage/current relationship. The method employs the convention that electrical current is analogous to heat flow and voltage differential is analogous to temperature differential.

Accordingly, equations 2 and 3 may be written as:

$$q = (1/R_1) (T_s - T_a) \quad (7)$$

$$q = (1/R_2) (T_c - T_s) \quad (8)$$

and the electrical circuit can be drawn, with T_c and T_s as constant temperature (voltage) reservoirs (Figure 3). A third equation with a more convenient form can be written as:

$$q = (1/(R_1 + R_2)) (T_c - T_a) \quad (9)$$

Using equations 7 and 9 and solving for T_c :

$$T_c = ((R_1 + R_2)/R_1) (T_s - T_a) + T_a \quad (10)$$

and finally:

$$T_c = k (T_s - T_a) + T_a \quad (11)$$

which is the precise form of the heat balance equation programmed into arterial heat balance instruments, with $(R_1 + R_2)/R_1$ expressed as the k-Factor.

The k Factor can be rewritten as follows:

$$k = \frac{R_1 + R_2}{R_1} = 1 + \frac{R_2}{R_1} = 1 + (h/pc) \quad (12)$$

Accordingly, in either form, equation 6 or 11, it can be seen that the weighting coefficient h/pc is applied to the difference of surface and ambient temperature.

In the weighting coefficient, h is relatively constant and c is a constant. In ear temperature and neonatal axillary temperature measurements, the perfusion rate is also generally constant, resulting in h/pc of about .09 for adult ears and .05 for neonates. For a normal adult, the perfusion rate of the axilla is such that the weighting coefficient h/pc is about .13. Further, the perfusion rate varies according

-8-

to the condition of the patient. In particular, with a fever, the perfusion rate can become much higher such that h/pc drops below .9.

Figure 4 illustrates change in skin temperature with change in perfusion rate as predicted by the heat balance model and empirically. With no perfusion, the resistance R_2 is very high such that the skin temperature is close to ambient temperature. With increased perfusion, however, the resistance R_2 is reduced, and the skin temperature approaches the core temperature. Generally, the perfusion rate is in the region of Figure 4 where there is a substantial change in skin temperature with change in perfusion rate. Since T_s varies exponentially with perfusion, the weighting coefficient h/pc can be seen to vary exponentially with skin temperature as illustrated in Figure 5. From perfusion data presented by Benzinger, T.H., "Heat Regulation: Hemostasis of Central Temperature in Man," *Physl. Rev.*, 49:4, (October 1969), the coefficient h/pc can vary from .05 to 3.5.

Since all body site temperatures of interest arise from the arterial temperature source, the arterial heat balance can be applied to any site. Accordingly, based on the Thevenin equivalents theorem, oral and rectal diagnostic equivalents T_o and T_r of arterial temperature can be calculated by appropriate selection of k-Factor, empirically taking into consideration resistances R_o and R_r .

Through clinical testing, the following polynomial function is found to provide a close approximation of h/pc with change in skin temperature for both afebrile and febrile ranges:

$$h/pc = .001081 T_s^2 - .2318 T_s + 12.454$$

where T_s is in °F.

To satisfy processing limitations of the microprocessor, that exponential function maybe replaced with a reasonable linear approximation:

$$h/pc = -.018259 T_s + 1.9122 \quad (14)$$

With both approximations, the change in (h/pc) relative to change in skin temperature is approximately $-.02/^\circ\text{F}$ at normal axillary temperature of about 97°F . With the polynomial approximation the change ranges from $-.005/^\circ\text{F}$ to $-.03/^\circ\text{F}$. Over a design temperature range of 90 to 105°F ., the linear approximation results in a range of coefficients h/pc of .02 to .16 while the polynomial approximation results in a range of .04 to .25. The most critical portion of that range is considered to be from the normal coefficient value of .13 to about .09, corresponding to high

-9-

perfusion rate of the febrile condition. That range presents a change of $(.13-.09)/.13 = 30.8\%$. A range of at least 20% of the normal coefficient presents significant improvement in accuracy.

Another error in prior core temperature measurements based on adult skin temperature has resulted from the taking of measurements prior to the skin and detector reaching the steady state heat balance on which the arterial heat balance model is based. It has been found that during a short measurement period which is significantly less than the thermal time constant of the measurement environments, the detector temperature is a poor estimate of ambient temperature. In fact, it has been found that, without an accurate ambient temperature measurement, a more appropriate choice for ambient temperature in equation 1 is an assumed temperature of 80° . That assumed temperature can be improved by considering the detector temperature, but rather than having the ambient temperature directly coincide with the sensed detector temperature, only a 20% weighting is given to the detector temperature. Accordingly, a preferred choice of ambient temperature for the heat balance equation is that of

$$T_a = \frac{T_d}{5} + 64 \quad (15)$$

Based on this equation, if the detector is at 80° , the chosen ambient temperature is also 80° . However, as detector temperature moves from 80° , the chosen ambient temperature also moves from 80° but only at 20%. For example, when the detector temperature is 70°F , the chosen ambient temperature is 78°F . The 78° is a more reasonable estimate for the heat balance equation because the skin temperature had been at steady state while viewing an ambient temperature of approximately 80° but is slowly dropping in temperature due to the cooler instrument at 70° .

If the detector were held against the skin until steady state were reached, the sensed detector temperature would then be the most accurate choice of ambient temperature. In that case, any error resulting from the use of equation 15 would be minimal in view of the minimal temperature differential $(T_s - T_a)$.

While this invention has been particularly shown and described with references to preferred embodiments thereof, it will be understood by those skilled in the art that various changes in form and details may be made therein without departing from the spirit and scope of the invention as defined by the appended claims.

-10-

CLAIMS

What is claimed is:

1. A body temperature detector comprising:
a radiation sensor which views a target surface area of the body; and
5 electronics which compute an internal temperature of the body as a function of ambient temperature and sensed surface temperature, the function including a weighted difference of surface temperature and ambient temperature, the weighting being varied with target temperature.
2. A temperature detector as claimed in claim 1 wherein the weighting is an
10 approximation of h/pc where h is a heat transfer coefficient between the target surface and ambient, p is perfusion rate and c is blood specific heat.
3. A temperature detector as claimed in claim 2 wherein the normal approximation of h/pc is about .13.
4. A temperature detector as claimed in claim 3 wherein the approximation of
15 h/pc varies over a range of at least .09 to .13.
5. A temperature detector as claimed in claim 2 wherein the approximation of h/pc varies over a range of at least 20% of normal.
6. A temperature detector as claimed in claim 2 wherein change of h/pc with sensed surface temperature is at least $.01/^{\circ}\text{F}$.
- 20 7. A temperature detector as claimed in claim 6 wherein the change is about $.02/^{\circ}\text{F}$ at about normal temperature.
8. A temperature detector as claimed in claim 1 wherein the ambient temperature included in the function is an assumed ambient temperature.
9. A temperature detector as claimed in claim 8 wherein the assumed ambient
25 temperature is modified as a function of sensed detector temperature, a change in assumed ambient temperature with detector temperature being significantly less than 1.

-11-

10. A temperature detector as claimed in claim 9 wherein the change in assumed ambient temperature with sensed detector temperature is less than .5.
11. A temperature detector as claimed in claim 1 wherein the assumed ambient temperature is approximately 80°F.
- 5 12. A body temperature detector comprising:
a radiation sensor which views a target surface area of the body; and
electronics which compute an internal temperature of the body as a
function of ambient temperature and sensed surface temperature including a
weighted difference of surface temperature and ambient temperature, the
10 weighting being about .13.
13. A body temperature detector comprising:
a radiation sensor which views a target surface area of the body; and
electronics which compute an internal temperature of the body as a
function of ambient temperature and sensed surface temperature, wherein
15 ambient temperature within the function is an assumed ambient temperature.
14. A temperature detector as claimed in claim 13 wherein the assumed ambient temperature is modified as a function of sensed detector temperature, a change in assumed ambient temperature relative to change in detector temperature being significantly less than 1.
- 20 15. A temperature detector as claimed in claim 14 wherein the change in assumed ambient temperature relative to change in sensed detector temperature is less than .5.
16. A temperature detector as claimed in claim 15 wherein the assumed ambient temperature is approximately 80°F.
- 25 17. A temperature detector as claimed in claim 14 wherein the change in assumed ambient temperature relative to change in sensed detector temperature is approximately .2.
18. A temperature detector as claimed in 17 wherein the assumed ambient temperature is approximately 80°F.

-12-

19. A temperature detector as claimed in claim 13 wherein the assumed ambient temperature is fixed.
20. A temperature detector as claimed in claim 19 wherein the assumed ambient temperature is approximately 80°.
- 5 21. A body temperature detector comprising:
a radiation sensor which views a target surface area of the body; and
electronics which compute an internal temperature of the body as a
function of ambient temperature and sensed surface temperature, the function
including a weighted difference of surface temperature and ambient
10 temperature, the weighting being an approximation of h/pc where h is a heat
transfer coefficient between the target surface and ambient, p is perfusion
rate and c is blood specific heat and h/pc varies over a range of at least .09 to
.13 with target temperature, and ambient temperature being an assumed
ambient temperature modified as a function of sensed detector temperature, a
15 change in assumed ambient temperature relative to change in sensed detector
temperature being less than .5.
22. A temperature detector as claimed in claim 21 wherein the assumed ambient
temperature is approximately 80°F and the change in assumed ambient
temperature relative to change in detector temperature is approximately .2.
- 20 23. A method of detecting body temperature comprising:
detecting heat flux from a target surface area of the body;
computing an internal temperature of the body as a function of
ambient temperature and sensed surface temperature, the function including a
weighted difference of surface temperature and ambient temperature, the
25 weighting being varied with target temperature; and
providing a display of the internal temperature.

-13-

24. A method of detecting body temperature comprising:
- detecting heat flux from a target surface area of the body;
 - computing an internal temperature of the body as a function of ambient temperature and sensed surface temperature, the ambient
- 5 temperature within the function being an assumed ambient temperature; and
- providing a display of the internal temperature.

1/3

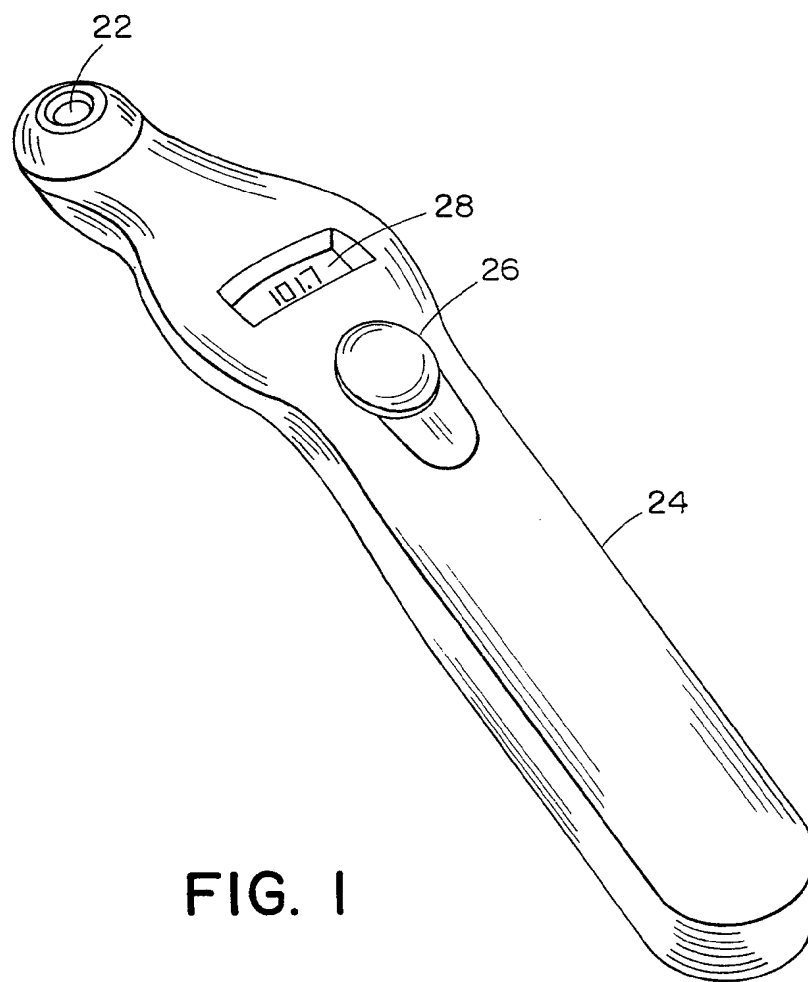


FIG. 1

2/3

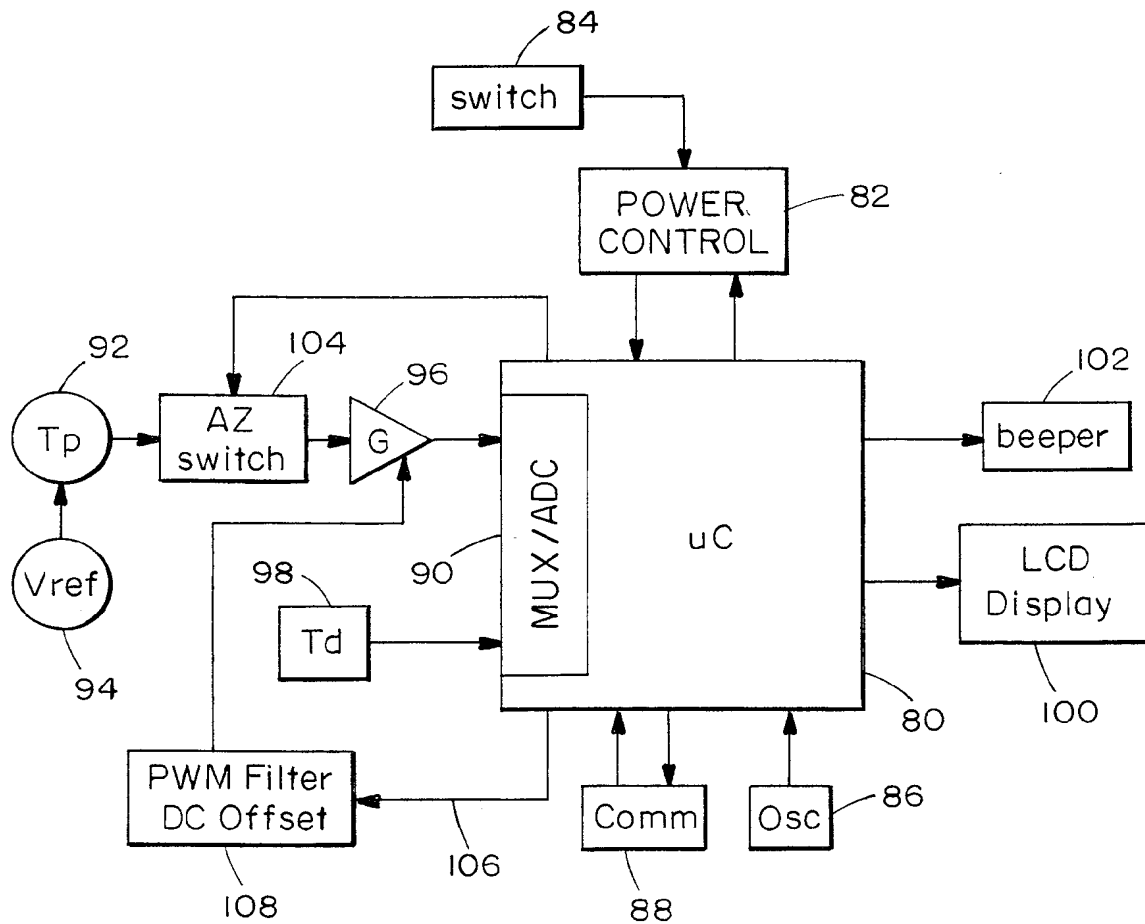


FIG. 2

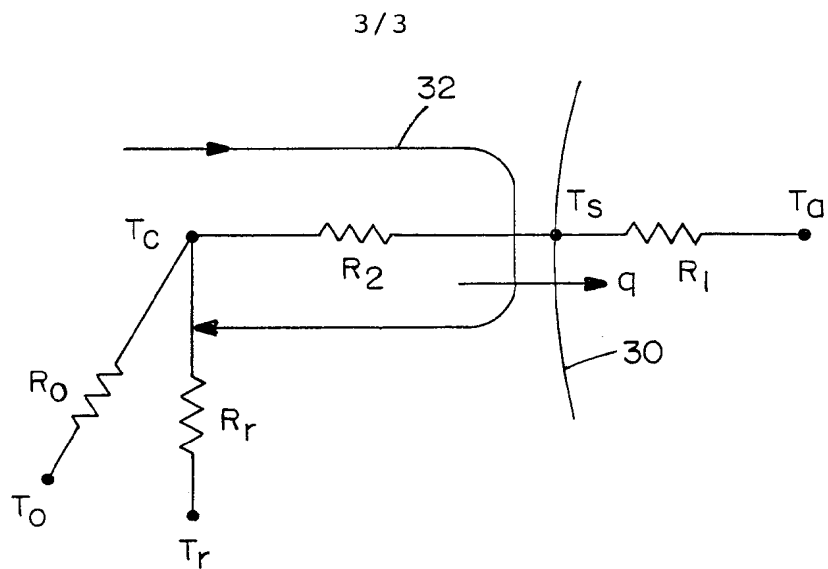


FIG. 3

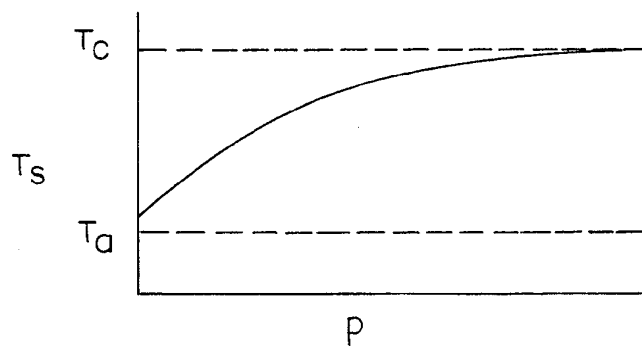


FIG. 4

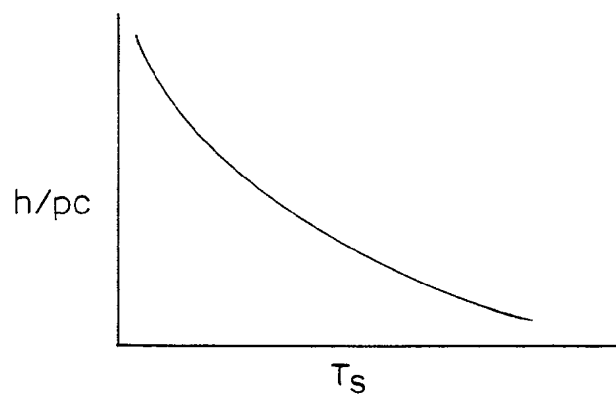


FIG. 5

INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 98/12423

A. CLASSIFICATION OF SUBJECT MATTER

IPC 6 G01K13/00

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 6 G01K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 5 381 796 A (POMPEI FRANCESCO) 17 January 1995 see column 5, line 5 - line 58 ---	1,23
A	US 5 333 784 A (POMPEI FRANCESCO) 2 August 1994 see column 7, line 43 - column 9, line 23; figures 5-7 ---	1,23
A	EP 0 446 788 A (IVAC CORP) 18 September 1991 see column 9, line 47 - column 11, line 7 ---	1,23
A	EP 0 763 349 A (EXERGEN CORP) 19 March 1997 see column 14, line 45 - column 18, line 14 -----	1,23

☐ Further documents are listed in the continuation of box C.

☒ Patent family members are listed in annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier document but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

"&" document member of the same patent family

Date of the actual completion of the international search

31 August 1998

Date of mailing of the international search report

04/09/1998

Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,
Fax: (+31-70) 340-3016

Authorized officer

Ramboer, P

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/US 98/12423

Patent document cited in search report		Publication date	Patent family member(s)	Publication date
US 5381796	A	17-01-1995	US 5628323 A	13-05-1997
			US 5653238 A	05-08-1997
<hr/>				
US 5333784	A	02-08-1994	NONE	
<hr/>				
EP 0446788	A	18-09-1991	CA 2037940 A,C	13-09-1991
			DE 69120558 D	08-08-1996
			DE 69120558 T	06-02-1997
			JP 2603004 B	23-04-1997
			JP 5115443 A	14-05-1993
			US 5150969 A	29-09-1992
<hr/>				
EP 0763349	A	19-03-1997	US 4993419 A	19-02-1991
			CA 2004743 A	06-06-1990
			DE 68928083 D	03-07-1997
			DE 68928083 T	02-01-1998
			EP 0447455 A	25-09-1991
			WO 9006090 A	14-06-1990
			US 5653238 A	05-08-1997
			US 5012813 A	07-05-1991
			US 5271407 A	21-12-1993
			US 5199436 A	06-04-1993
			US 5445158 A	29-08-1995
			US 5325863 A	05-07-1994
<hr/>				